PIERCING
intake form

PURE OASIS DAY SPA

CLIENT INFORMATION

Name: _____ Date of birth: _____

Address: _____

Email: _____ Phone: _____

Emergency contact name: _____ Relationship: _____

Emergency contact phone: _____

How did you hear about us? _____

MEDICAL HISTORY

Have you ever received a body piercing before? ☐ Yes ☐ No

Are you currently pregnant or nursing? ☐ Yes ☐ No

Are you currently on any blood thinners or medications that increase bleeding?

Do you have any allergies?
If yes please describe: _____

Please check any of the following conditions that apply:

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood Clots
- ☐ Botox/Filler
- ☐ Cancer/Chemotherapy
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fungal Issues
- ☐ Headaches/Migraines
- ☐ Heart Issues
- ☐ Herpes
- ☐ Hepatitis
- ☐ High/Low Blood Pressure
- ☐ HIV/AIDS
- ☐ Immune Disorder
- ☐ Lupus
- ☐ Metal Bone Pins
- ☐ Multiple Sclerosis
- ☐ Transplant
- ☐ Thyroid Condition
- ☐ Varicose Veins
- ☐ Vertigo
- ☐ Warts

Other: _____

Do you have any skin conditions we should be aware of in the procedure area (including acne, scarring, sunburn, etc.): ☐ Yes ☐ No

If yes please describe: _____

Please list any medications you are currently taking: _____

Please check the areas that you would like pierced today.

EAR PIERCING

- ☐ Anti-Tragus
- ☐ Conch
- ☐ Daith
- ☐ Ear Lobe
- ☐ Forward Helix
- ☐ Flat Outer Conch
- ☐ Helix
- ☐ Industrial
- ☐ Lower Helix
- ☐ Rook
- ☐ Snug
- ☐ Tragus
- ☐ Upper Lobe
- ☐ Other: _____

NOSE PIERCING

- ☐ Medusa
- ☐ Nostril
- ☐ Septum
- ☐ Other: _____

LIP + ORAL PIERCING

- ☐ Dahlia
- ☐ Medusa
- ☐ Monroe
- ☐ Smiley
- ☐ Snake Bite
- ☐ Spider Bite
- ☐ Tongue
- ☐ Vertical Labret
- ☐ Other: _____

BODY PIERCING

- ☐ Belly Button
- ☐ Nipple
- ☐ Surface to Surface
- ☐ Other: _____

LIABILITY AND CONSENT

I acknowledge and confirm that I have answered the questions on page one of this document truthfully and to the best of my ability.

I acknowledge that I am aware of and understand the risks that are associated with this piercing procedure, including but not limited to, allergic reactions from the jewelry, risk of infection and skin irritation.

I understand that there is a risk of infection from the procedure, especially if I do not take care of the area as I have been advised by the piercing artist.

I acknowledge and agree that if I experience any issues following the procedure, including those noted above that I will contact my piercing artist, but will solely be responsible for the cost of any medical treatment.

I acknowledge and understand that piercing will result in a permanent change to my appearance, and that no representation has been made to me that I will later be able to remove or alter the results.

I confirm that I do not have any freckles, moles, or a sunburn in the area to be pierced.

I acknowledge and confirm that I have received the aftercare instructions from my piercing artist and will follow them.

I am not currently under the influence of alcohol or recreational drugs.

I agree to release and indemnify and forever hold harmless my piercing artist from any and all claims, damages, and legal actions arising from or connected in any way with my piercing procedure.

By signing below I acknowledge that I am over eighteen years of age. I confirm that I have had the opportunity to ask questions to my piercing artist, which have been answered to my satisfaction. I confirm that I fully understand and accept and the provisions of this document, including the risks associated with body piercing, and that I consent to receive the piercing.

Date	Client Name (Printed)	Client Signature
Date	Piercing Artist Name (Printed)	Piercing Artist Signature